Submission No 26

INQUIRY INTO CURRENT AND FUTURE PROVISION OF HEALTH SERVICES IN THE SOUTH-WEST SYDNEY GROWTH REGION

Organisation: Campbelltown and Camden (Macarthur) Medical Staff Council

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Inquiry into the current and future provision of health services in the South-West Sydney growth region – Macarthur Medical Staff Council Submission

April 24th, 2020

To The Honorable Greg Donnelly MLC

Committee Chair

Portfolio Committee No. 2 – Health

Dear Sir,

Thank you for receiving this and the other submissions from other stakeholders within what is undoubtedly the fastest growing population of Sydney. As Campbelltown and Camden Hospitals provide acute, subacute and maintenance hospital care to the residents of Campbelltown, Camden and the Wollindilly (that this submission will collectively refer to as the Macarthur region), the Macarthur Medical Staff Council (MMSC) consisting of over 300 senior medical officers would like its collective views and opinions known to the Committee to assist the future planning of health services.

On behalf of its membership, the MMSC Executive's aim of this submission is to highlight certain issues that may not necessarily be raised by other submissions provided by other parties within the Local Health District (LHD) and provide direct feedback from the frontline clinicians who are currently providing hospital-based healthcare to the residents in the 'growth corridor'.

This submission focuses on two broad issues:

1. Lack of on-site core services
2. Inequity of access to care

<u>Core Service Deficiencies</u>

With reference to the October 2019 4th edition of the *NSW Guide to the Role Delineation of Clinical Services,* Campbelltown and Camden Hospitals currently possess a lack of 'core services' that impact on direct patient care and prohibit further development of other on-site clinical services

a. Nuclear Medicine services
   Without the foundation building block of an on-site nuclear medicine service, patients across all age ranges and clinical services in Macarthur are at a disadvantage.
   i. Neonates who are flagged by newborn screening to have potential congenital thyroid deficiency need to obtain a booking for a thyroid scan either at a children's hospital 60km away or attend a private nuclear medicine practice without dedicated paediatric expertise.
   ii. Infants and toddlers similarly unable to remain still for MRI imaging without general anaesthesia cannot access a locally performed bone scan to differentiate between bone infection, malignancy or reactive joint inflammation.

iii. Young children and adolescents with recurrent kidney infections require nuclear medicine scans to determine the extent of kidney damage. Currently they are required to travel in a children's hospital to do so.
iv. For women in early stages of pregnancy, diagnosis of life threatening pulmonary embolism without irradiation of the foetus with CT imaging is not locally feasible without capacity for V/Q scanning.
v. One in three women needing breast cancer surgery are required to have dye injections to mark lymph node groups prior to the mastectomy and without an on-site public nuclear medicine service, they must have it done privately before coming in for their surgery adding additional complexity and stress whilst contending with a recent cancer diagnosis.
vi. Adult patients being able to diagnose occult infections, malignancies or inflammatory diseases such as giant cell arteritis which can cause loss of sight if not detected promptly.
vii. Adult patients with suspected heart disease suffering from mobility impairment unable to perform stress testing on treadmills with their cardiologists require nuclear medicine testing as an adjunctive screen prior to invasive testing. This must be arranged either privately or at Liverpool Hospital.
viii. Often there are access delays to these diagnostic modalities due to the need to factor in the logistics of patient transport and the added disadvantage incurred during the time away at another facility when their treating teams have little to no opportunity their inpatient to review them and alter their management accordingly. Furthermore, on return of the patient, it is not possible to provide the patient a true multidisciplinary consultation regarding their diagnoses and management plans of what are often complex conditions as at Campbelltown Hospital, there are no nuclear medicine physicians either on-site or visiting.

Moreover, Campbelltown Hospital being listed in the B1 peer group and whilst without the core service of Nuclear Medicine it cannot be considered for reallocated to the A1 peer group in which where it can be compared to hospitals more similar in activity and caseload as well as allowing for service planning more commensurate with what its community requires.

b. Anatomical & Histopathology services

Pathology services to Campbelltown and Camden Hospitals are provided from Liverpool with its centrally based service reliant on specimens being couriered to it from its district sites. On site there is a limited haematology and biochemistry laboratory at Campbelltown Hospital which also supervises point-of-care testing in the two emergency departments and intensive care unit.

There is no on-site anatomical pathology, histopathology, microbiology or serology capacity which has been the arrangement since the inception of Campbelltown Hospital in 1977. As cancer services and clinical services (eg. Breast & Endocrine surgery, Bronchoscopy & Transpulmonary biopsy, Radiology & Interventional Radiology) diagnosing these malignancies have developed in Macarthur, the need for on-site cytology and histopathology 'frozen section' has increased. Recommended waiting times set by Cancer Australia to process specimens to achieve timely cancer diagnoses can be delayed.

Through requiring transport to another facility there is also the additional risk that samples containing material leading to cancer diagnoses or life-threatening muscle disorders diagnoses can be waylaid, lost, or distorted during transport.

Inequity of Access to Care

Respectful of the fact that the South West Sydney Local Health District (SWSLHD) given the limitation of its budget provides clinical services to a large population spread over many LGAs, Macarthur residents are disadvantaged by geographical distance, referral barriers and insufficient staffing levels for some clinical services. Below are some examples provided by Heads of Department who all are willing to be contacted for further details or clarification if required by the Committee.

a. Ophthalmology Services

There is currently no ophthalmic outpatient service at Campbelltown Hospital. Patients from the area must travel to Liverpool Hospital for treatment which is on average 30 minutes away. Due to the overwhelming demand for the service in Liverpool, Macarthur patients are directed to a private ophthalmologist for initial appointment with only the private ophthalmologists being able to refer into the Liverpool Hospital Eye Clinic with waits for up to 12 months before review. This unnecessarily limits referral pathways of primary care practitioners such as general practitioners and optometrists. Macarthur region residents are thus at a substantial disadvantage due to distance of travel and lack of direct referral pathways.

Access limitations are also present for patients with ophthalmic emergencies and patients requiring cataract surgery. Current Visiting Medical Officers (VMOs) provide a business hours only on-call service to Campbelltown Hospital, but after-hours, Macarthur region patients must travel to Liverpool Hospital for urgent treatment and follow-up. Some business hours on-call consultations are conducted in VMO private rooms due to equipment constraints and/or practitioner availability and can attract a fee, thereby an additional financial disadvantage for Macarthur residents needing to access ophthalmic emergency services. Although elective cataract surgery has been developed at Campbelltown Hospital, booing for the surgery can unfortunately only be undertaken in private VMO clinics with the associated costs for the visit and pre-operative testing. A public-funded outpatient clinic at Campbelltown Hospital with ophthalmic equipment, a junior medical officer and allied health practitioner presence, would greatly improve the ophthalmic care and visual outcomes of Macarthur residents.

b. Orthopaedic Joint Replacement Surgery

For residents of Macarthur with severe mobility impairment from degenerative or rheumatic joint diseases, public joint replacement only occurs at Fairfield Hospital with travel times averaging 40 minutes by car (doubled if by public transport route). The MSC feels this places undue psychosocial as well as financially stress to this population of patients by not allowing them to receive their procedure closer to their home, supports and rehabilitative services.

c. Paediatric Surgery

For most children under the age of 12 years who require emergency surgery, it cannot be performed in Macarthur. The two paediatric surgical centres in Sydney are located well over 55km away which often equates to well over an hour's travel time. For the common and renowned life-threatening condition of perforated acute appendicitis, an hour's delay can result in significant morbidity if not mortality.

d. Pulmonary Rehabilitation

Chronic Obstructive Pulmonary Disease (COPD) is one of the leading admission diagnoses for Campbelltown Hospital which in 2016-2018, the Campbelltown and Camden LGAs had 495 and 171 spatially adjusted number of separations respectively. The recommended wait time for pulmonary rehabilitation post-acute admission to prevent readmission and improve patient self-management from Lung Foundation Australia is two weeks whilst the waitlist as of the 1st of March 2020 was over one year due to insufficient allied health and clinical nurse consultant staffing.

e. Sleep & Lung Function Laboratories

Whilst smoking and obesity in Macarthur higher than the State's averages, there are no current sleep studies being performed in Campbelltown Hospital and lung function testing has a wait time of 3 months far in excess of the Thoracic Society of Australia & New Zealand recommendation of 2 weeks to help prevent morbidity and mortality for obstructive sleep apnoea and other pulmonary diseases

f. Obstetric & Chronic Pain Anaesthesia Teams

As the birth-rate of Macarthur surpasses 4000 births per annum with Campbelltown Hospital possessing the only hospital birthing unit for Macarthur, the absence of a dedicated obstetric anaesthesia team to support the obstetric service is evident.

There is no clinical service for chronic pain in Macarthur with access difficulties encountered through the sole LHD service at Liverpool

g. Rehabilitation Medicine Services

There are no inpatient rehabilitation medicine beds at Campbelltown Hospital with all inpatients managed at Camden Hospital which without an ICU or immediate access to diagnostic services (in particular imaging) often result in return transfers to Campbelltown Hospital when patients clinically change or deteriorate.

The Camden inpatient unit also services the residents of Wingecarribee as Bowral Hospital does not possess an inpatient rehabilitation medicine unit of its own.

With an increasing aged and disabled population more than 70 years of age estimated to increase by 144% by 2031, there are current gaps in service provision at Campbelltown and Camden hospitals (listed below) that will become more pronounced over time.

i. No clinic-based rehabilitation outpatient occupational therapy, social work, clinical psychology or exercise physiology
ii. No inpatient clinical psychology, exercise physiology or diversional therapy
iii. One neuropsychologist for 2 days a week for all adult non- Mental Health services, with a very long outpatient waitlist.

iv. Limited outpatient rehabilitation clinic-based physiotherapy & speech pathology, resulting in extensive waiting lists
v. No Day Hospital Rehabilitation service
vi. No dedicated rehabilitation nursing staff for outpatient and community rehabilitation services

There has not been adequate funding for appropriate numbers of allied health staff for some inpatient services to provide rehabilitation type care, despite an increase in activity and demand for these by these teams. The most significantly impacted services include the Medical Transit Unit, Rehab Acceleration Program, as well as the Camden Rehabilitation Unit The inpatient staff to patient ratios does not meet the Australasian Faculty of Rehabilitation Medicine *Standards for the Provision of Inpatient Adult Rehabilitation Medicine Services 2019.*

h. Endoscopic Retrograde Cholangio-Pancreaticography (ERCPs)
Currently there is no ERCP capacity at Campbelltown Hospital and for the not too infrequent patient with biliary sepsis from common bile duct obstruction they still face the risks associated with being transferring a to another hospital for definitive care whilst still being critically ill.

i. Interventional Radiography for severe gastro-intestinal bleeding
For some cases of erosive peptic ulcer disease or diverticular bleeding, embolization through angiography can be the only means to save a life. Currently there is no service at Campbelltown Hospital and if required access delays incurred to get to the LHD centre at Liverpool can carry tremendous risk.

In summary, the MMSC requests the Committee to consider having Campbelltown and Camden Hospitals equipped with the necessary 'core' services to provide it with a solid foundation to develop into the future principal referral hospital that the growth corridor of Sydney requires whilst balancing out some of the inequity of access to care the residents of Macarthur currently contend with within its own health district.

Yours Sincerely,

The Macarthur Medical Staff Council Executive

- Chair: Dr Setthy Ung (Senior Staff Specialist – Paediatrics & Emergency Services)
- Deputy Chair: Dr Karuna Keat (Staff Specialist – Immunologist)
- Secretary: Dr Mark Dubossarsky (Staff Specialist – Rehabilitation Medicine)
- Treasurer: Dr Sures Nithiananthan (Senior Career Medical Officer – Anaesthesia Services)
- VMO Surgical Representatives: Dr Andrew Ong (General Surgery, Breast &Endocrine Surgery) & Dr Sameer Viswanathan (Orthopaedic Surgery)
- VMO Physician Representative: Dr Garry Helprin (General Medicine)